

CLAIMS ONLY							Application Number 10719015		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51			
2		1					52			
3		1					53			
4		1					54			
5		1					55			
6		1					56			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	1						Total Indep			
Total Depend	5						Total Depend			
Total Claims	6						Total Claims			